U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 85-257, as amended. Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U.S.C. 439 or 440.

	For Official Use Only
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	12.19.22p
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1 File Number U - 100

3 Name and address of person filing

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Name

2. Fiscal Year Covered From

4 Name file number, and address of labor organization

1 / 1/2004 Through 12/31/2004

Name	Name 1: Para Line Trul' Union
Lawrence Martinez	Graphic Communications Intil Union Labor Organization Fle Number
	000373
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1900 L St., NW City Washington State DC 5. Position in labor organization. Thernation	Street 1900 L Street NW City Washington
City Washington	Washington
State DC ZIP Code + 4,20036 - 50	003 State DC ZIP Code + 4 20036-500
5. Position in labor organization. Internation	al Vice President
Enter appropriate data below If, during the past fiscal year, you or your sp	
Enter appropriate data below if, during the past riscal year, you or your sp (except as specified in the exc	lusions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organiza	r derived income or other economic benefit of tion represents or is act vely seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	·
P.O. Box. Bldg., Room No., if any	7.b. Amount.
Street	
	•
City	·
State ZIP Code + 4	
Si	gnature
15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompa undersigned's knowledge and belief, true, correct, and complete. (See the	of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)
Signed January Martiner	On 8/15/04 202-462-1400 Telephone Number

Name of Person Filing Lawrence Martinez	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business /ely seeking to represent, or irectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name Unknown	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	, b. Trust
Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b, or 9.c, is checked give trust or employer's name	11.a. Nature of such dealing.
Name	Unknown
Trade Name, if any:	
P.O. Box, Bldg. Room No., if any	
Street	At h According to della colonial and della Colonial Annual Colonial Colonia
City	11.b. Approximate dollar value of such dealing. UNKNOWN 12.a. Nature of interest held or income received.
State ZIP Code + 4	During the course of 2004, I had meals with vendors to the GCIU. I connot recall who paid for the meals or the cost of my share of the meals, if paid by the vendor.
	12.b. Amount. UNKNOWN
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	

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or Consultant

13.b. Is the Business an Employer

		T	
Name of Person Filing Lawrence Martinez		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or se ling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Montag & Caldwell			
Trade Name, if any:	a. Labor Organiza	ation	
P.O. Box, Bldg Room No., if any	c. Employer		
Street 3455 Peachtree Road NE, Suite 1200	с. Епроуег		
City Atlanta			
State Georgia ZIP Codo + 4 30326			
10. If 9.b. or 9.c is checked give trust or employers name.	11.a. Nature of such deal		
Name Graphic Arts Industry Joint Pension Trust	Investment Manage	ı.	
Trade Name, if any:			;
P.O. Box, Bldg., Room No., if any			
Street 1900 L Street NW	14 h. Approximate dallar val	to a fauch dealing	\$152,490
City Washington	11.b. Approximate dollar val		9T32,430
State District of Columbia ZIP Code + 4 20036	During a Trustees	Meeting Montag & Caldwe on February 8, 2004	ll hosted
	:	· -	<u> </u>
	12.b. Amount.	,	\$198
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg , Room No., if any			
Street			
City			

13.b. Is the Business an Employer

ZIP Coce + 4

or Consultant

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State

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Lazard Asset Management a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 30 Rockefeller Plaza New York State New York ZIP Code + 4 10020 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name Investment Manager Name Graphic Arts Industry Joint Pension Trust Trade Name, if any: P.O. Box, Bldg. Room No., if any Street 1900 L Street NW \$233,638 11.b. Approximate dollar value of such dealing. Washington City 12.a. Nature of interest held or income received. During a Trustees Meeting Lazard Asset Management hosted a Trustees dinner, September 27, 2004 State District of Columbia ZIP Code + 4 20036 12.b. Amount. \$100 C. Received from any employer (other than an employer covered under parts A and B above)

Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name		14.a. Nature of payment.	14.a. Nature of payment.	
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State	ZIP Code + 4	·		
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.		
13.b. Is the Business an Employer	or Consultant ?		.	

Name of Person Filing Lawrence Martinez	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade rame, if any).	9. Business deals with:	
Name The Boston Company Asset Maragement Inc.		
Trade Name, if any:	a. Labor Organization X b. Trust	
P.O. Box, Bldg., Room No., if any		
Street One Boston Place	c. Employer	
City Boston		
State Massachusetts ZIP Code + 4 02108		
10. If 9.b. or 9.c. is checked give trust or employers name.	11.a. Nature of such dealing.	
Name Graphic Arts Industry Joint Pension Trust	Investment Manager	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 1900 L Street NW		
City Washington	11.b. Approximate dollar value of such dealing. \$353,529	
·	12.a. Nature of interest held or income received. During a Trustees Heeting The Boston Company hosted	
State District of Columbia ZIP Code + 4 20036	a Trustees dinner September 26, 2004	
	!	
	12.b. Amount. \$154	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
•		
Name		
Name Trade Name, if any:		
Trade Name, if any:		
Trade Name, if any: P.O. Box, Bldg., Room No., if any		

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or Consultant

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13.b. Is the Business an Employer

Name of Person Filing Lawrence Martinez		File Number U -
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or se ling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Pimco Funds Trade Name, if any: P.O. Box, Bldg. Room No., if any Street 840 Newport Center Drive, Shite 300 City Newport Beach State California ZIP Code + 4 92660	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ation
10. If 9.b. or 9.c is checked give trust or employers name. Name Graphic Arts Industry Joint Pens. on Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1900 L Street NW City Washington State District of Columbia ZIP Code + 4 20036	11.a. Nature of such deal Investment Manager 11.b. Approximate dollar val 12.a. Nature of interest he During a Trustees Trustees dirner	ue of such dealing. \$101,322 Id or income received. Ileeting Pimco Funds hosted a
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:		\$45,
P.O. Box, Bldg , Room No., if any Street City		

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

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Name of Person Filing Lawrence Martinez		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherwoof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the busines rely seeking to represent, or irectly to, or otherwise	s	
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name The Clifton Group	 □ □ a. Labor Organiza	ation	
Trade Name, if any:	b. Trust	30.211	
P.O. Box, Bldg., Room No., if any			
Street 309 Clifton Avenue	c. Employer		
City Minneapolis			
State Minnesota ZIP Code + 4 55403			
10. If 9.b. or 9.c. is checked give trust or employers name.	11.a. Nature of such deal	ing.	
Name Graphic Arts Industry Joint Pension Trust	Investment Manager		! !
Trade Name, if any:	and the second s		A BABBO ST 1999
P.O. Box, Bldg., Room No., if any			1
Street 1900 L Street NW	44 4 4 4 4 4 4 4		
City Washington	11.b. Approximate dollar val		\$58,670
State District of Columbia ZIP Code + 4 20036	During a Trustees	Meeting The Clifton Group mees dinner, May 16, 2004	- •
	:		
	· 		
	- Among		
	12.b. Amount.		\$45
		· · · · · · · · · · · · · · · · · · ·	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		accessors or some
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City :			
State ZIP Code + 4	THE OWNER AND TH	A ************************************	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	,	** }
	I	P.	1

Name of Person Filing Lawrence Martinez	F.le Number U-	
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name West J.B. Asset Management	a. Labor Organizat on	
Trade Name, if any:	x t b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 555 San Telipe, 20th Floor		
City Houston State Texas ZIP Code + 4 77056		
	11.a. Nature of such dealing.	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Graphic Arts Industry Joint Pension Trust	Investment Manager	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 1900 L Street NW		
City Washington	11.b. Approximate dollar val.13 of such dealing. \$63,364 12.a. Nature of interest he c or income received.	
State District of Columbia ZIP Code + 4 20036	-During a Trustee. Feeting West LB hosted a Trustees dinner, La, 16, 2004.	
	-West LB paid for a dinner meeting with Co-Chairman Martinez on 4/13/34.	
	12.b. Amount. \$121	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name .		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13 h is the Business an Employer or Consultant 2	14.b. Amount of payment.	

Name of Person Filing Lawrence Martinez	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Graphic Arts Industry Joint Pension Trust		
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg , Room No., if any	X b. Trust	
Street 1900 L Street NW	, c. Employer	
City Washington		
State District of Columbia ZIP Code + 4 20036-5002		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	
Name Same as 8	Mr. Martinez is a Trustee and Co-Chairman of the Fund.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	•	
Street		
City	11.b. Approximate dollar value of such dealing.	
State ZIP Code + 4	12.a. Nature of interest he c or income received. Lunch Meetings - '23/04, 3/26/04,6/4/04, 7/12/04, 8/18/04, 9/14/04	
	ı	
	12.b. Amount. \$401	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
	14.b. Amount of payment.	

13.b. Is the Business an Employer

or Consultant

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Name of Person Filing Lawrence Martinez	File Number U -	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Graphic Arts Industry Joint Pension Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1900 L Street NW City Washington	9. Business deals with: a. Labor Organization b. Trust c. Employer	
State District of Columbia ZIP Code + 4 20036-5002		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Mr. Martinez is a Trustee and Co-Chairman of the Fund.	
Street	11.b. Approximate dol!ar value of such dealing.	
City State ZIP Code + 4	12.a. Nature of interest help or income received. Mr. Martinez redered reimbursement for/or payment from the Fund for address, travel, lodging, and meals, lawfully incurred in attending Trustee Meetings on: 2/7 - 2/11/2004, 3/14 - 5/18/2004, and 9/24 - 9/28/2004.	
	-	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
City		
State ZIP Code + 4		
	14.b. Amount of payment.	

13.b. Is the Business an Employer

or Consultant

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, it any). 9. Business deals with: Name The Marco Consulting Group a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 550 W. Washington Boulevard 9th Fl Chicago State Illinois ZIP Code + 4 60661 11.a. Nature of such deal rq. 10. If 9.b. or 9.c. is checked give trust or employer's name Investment Consultant Name Graphic Arts Industry Joint Pension Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1900 L Street NW 11.b. Approximate dollar value of such dealing. \$60,000 City Washington 12.a. Nature of interest he d or income received. Golf Green Fee State District of Columbia ZIP Code + 4 20036-5002 September 25, 2000 \$140 12.b. Amount.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bldg , Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.

Name of Person Filing Lawrence Martinez	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and acdress of Business (including trade name, if any).	9. Business deals with:		
Name Peake Delancey Printers LLC			
Trade Name, if any:	🗶 a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust		
Street 2500 Schuster Drive	c. Employer		
City Cheverly			
State Maryland ZIP Code + 4 20781			
10. If 9.b. or 9.c. is checked give trust or employe-'s name.	11.a. Nature of such deating.		
Name .	Printer		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing. \$576,742		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4	Lunch July 1, 2004		
	12.b. Amount. \$70		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
42 h Jahla Dusinasa - Frantsusa - 2	14.b. Amount of payment.		